

PLEASE TAKE NOTICE,

MY NAME IS EDWARD GUTIERREZ. I AM PRESENTLY IN THE SANTA CLARA COUNTY DEPARTMENT OF CORRECTION. THE FOLLOWING (ENCLOSED) INFORMATION, i.e. GRIEVANCES, REQUEST FORMS, INFRACTIONS... ARE PROOF OF THE CONTINUED ABUSE OF AUTHORITY BY AN OFFICER, C/O WARFIELD #2642. THE CONTINUOUS INTENTIONAL INFLECTION OF EMOTIONAL AND MENTAL DESTRESS IS DUE TO A CIVIL COMPLAINT NAMING THIS OFFICER AND FOR MY PARTICIPATION IN A SURVEY BY THE U.S. DEPARTMENT OF JUSTICE; C/O WARFIELD WAS WORKING AT THE TIME OF MY PARTICIPATION IN SAID SURVEY. THIS HARASSMENT HAS BEEN GOING ON FOR MANY MONTHS. BUT INCREASED AFTER THE TWO MENTIONED INCIDENTS. ALL OF THE FOLLOWING INFORMATION WILL BE FORWARDED TO: THE U.S. DEPARTMENT OF JUSTICE, THE U.S. DISTRICT COURT, D.O.C. INTERNAL AFFAIRS AND THE CALIFORNIA CORRECTIONS STANDARDS AUTHORITY.

I ASSURE YOU WITH 100% HONESTY THAT ALL OF C/O WARFIELD'S RESPONSES AND/OR ACCUSATIONS ARE NOT TRUE AND I CAN TAKE A LIE DETECTOR TEST WITH NO PROBLEM. I CAN ALSO ASSURE YOU WITH 100% CERTAINTY THAT C/O WARFIELD WILL NOT PASS THIS SAME LIE DETECTOR TEST.

THIS HARASSMENT IS ALSO INDUCED BY THOSE WHO WISH TO BECOME COMPLICIT IN HIS ILLEGAL ANTICS.

PLEASE CONDUCT AN INDEPTH INVESTIGATION AND YOU WILL DEFINATELY DISCOVER THAT EVERYTHING I HAVE WRITTEN IN THESE GRIEVANCE ARE TRUE AND CORRECT EVEN TO THE POINT OF PENALTY OF PERJURY. PLEASE LOOK INTO THIS AND ORDER A CHANGE OF VENUE FOR MY CASE TO BE MOVED TO SAN FRANCISCO AS THERE IS NO OTHER WAY TO STOP OR PREVENT FURTHER INFLECTION OF MORE SERIOUS HARASSMENT OR RETALIATION... IT WILL CONTINUE UNTIL SOMETHING SERIOUS HAPPENS; I HAVE SEEN IT OVER, AND OVER AGAIN.

THANK YOU!
FILED

MAR X 3 2008

RESPECTFULLY

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

DATE: 2-13-2008

FOOT NOTE: I DON'T WANT THEM TO PUT NEW CHARGES ON ME BY HIS FELLOW CORRECTIONAL-OFFICERS; WHICH WILL BE NEXT...

EDWARD GUTIERREZ, SR.
BGJ774/06083690
885 N. SAN PEDRO ST.
SAN JOSE, CA. 95110.

Main Jail []
Main Jail South []
North County Jail []

SANTA CLARA COUNTY DEPARTMENT OF CORRECTION
INMATE GRIEVANCE FORM

Elmwood []
CCW []
WRC []

71771

INMATE'S NAME: EDWARD GUTIERREZ

BOOKING NUMBER: 06083690

HOUSING UNIT: 4B-3-34

DETAILS OF GRIEVANCE. PRINT! BE SPECIFIC! FOR "PENDING" LEGAL REASONS
I NEED THE NAMES OF: THE CHIEF PHYSICIAN AND
ALL PHYSICIANS I HAVE SEEN IN THE LAST YEAR,
ALSO NEED NAME OF HEAD NURSE.

I HAVE A COURT DEAD-LINE OF 1-12-2008
AND NEED THIS INFORMATION. ON 12-28-07 I GAVE NURSE PAULA
A MEDICAL REQUEST FORM REQUESTING NAME

WHAT SOLUTION ARE YOU RECOMMENDING?: PLEASE SEND ALL NAMES AND TITLES OF ALL ABOVE NAME

Your Signature: E. Gutierrez Date: 12/31/07 Time: 8:00 AM PM
(Do NOT write below this line. Use additional paper)

Received from Inmate on:

Day: WEDNESDAY Date: 1/2/08 Time: 1300 Officer: WARFIELD Team: B

RESPONDING OFFICER'S STATEMENT (Please print):

COPY

"WARFIELD LIED AND TOLD ME
THAT THERE IS NO CHIEF
PHYSICIAN OR HEAD NURSE. E.H.

[] Resolved ☒ Refer to Level II

Officer's Name: _____ Team: _____ Date: ____/____/____

SUPERVISOR'S ACTION: _____

[] Resolved [] Refer to Level III

Supervisor's Name: _____ Team: _____ Date: ____/____/____

SHIFT LIEUTENANT REVIEW: [] Concur [] Reversed

SIGNATURE: _____ Date: ____/____/____ Time: _____

SUPPORT SERVICE RESPONSE: Unit Assigned: Medical Date Assigned: ____/____/____
Date Due: 01/07/08

Response by: _____ Title: _____ Date: ____/____/____ Time: _____

FACILITY COMMANDER/DESIGNEE REVIEW: [] Concur [] Reversed

SIGNATURE: _____ Date: ____/____/____ Time: _____

RESPONSE RETURNED TO INMATE: Date: ____/____/____ Time: _____ By: _____
Distribution: White-Administration Canary-Inmate (Final Disposition) Pink-Inmate (Initial Receipt)

Main Jail []
Main Jail South []
North County Jail []

SANTA CLARA COUNTY DEPARTMENT OF CORRECTION
INMATE GRIEVANCE FORM

Elmwood []
CCW []
WRC []

71856

INMATE'S NAME: <u>EDWARD GUTIERREZ</u>	BOOKING NUMBER: <u>06083690</u>	HOUSING UNIT: <u>4B 3 34</u>
--	---------------------------------	------------------------------

DETAILS OF GRIEVANCE. PRINT! BE SPECIFIC! I NEED THE FOLLOWING NAMES FOR FEDERAL RECOURSE: HEAD DOCTOR OF D.O.C. HEAD-NURSE OF D.O.C. NAMES OF ALL DOCTOR TREATING EDWARD GUTIERREZ IN THE PAST 12 MONTHS.

THERE IS A COURT DEAD-LINE FOR THIS INFO. PLEASE RESPOND???

WHAT SOLUTION ARE YOU RECOMMENDING?: PLEASE SEND THE ABOVE NAMES?

Your Signature: [Signature] Date: 1/10/08 Time: 9:00 AM PM
(Do NOT write below this line. Use additional paper.)

Received from Inmate on:

Day: FRIDAY Date: 1/11/08 Time: 1140 Officer: WARFIELD #2642 Team: B

RESPONDING OFFICER'S STATEMENT (Please print):

COPY

NOT GIVEN RECEIPT. E.M.

[] Resolved [X] Refer to Level II

Officer's Name: _____ Team: _____ Date: ____/____/____

SUPERVISOR'S ACTION: _____

[] Resolved [] Refer to Level III

Supervisor's Name: _____ Team: _____ Date: ____/____/____

SHIFT LIEUTENANT REVIEW: [] Concur [] Reversed _____

SIGNATURE: _____ Date: ____/____/____ Time: ____

SUPPORT SERVICE RESPONSE: Unit Assigned: Medical Date Assigned: ____/____/____
Date Due: 01/17/08

Response by: _____ Title: _____ Date: ____/____/____ Time: ____

FACILITY COMMANDER/DESIGNEE REVIEW: [] Concur [] Reversed _____

SIGNATURE: _____ Date: ____/____/____ Time: ____

RESPONSE RETURNED TO INMATE: Date: ____/____/____ Time: ____ By: ____
Distribution: White-Administration Canary-Inmate (Final Disposition) Pink-Inmate (Initial Receipt)

Main Jail []
Main Jail South []
North County Jail []

SAN JUAN CLARA COUNTY DEPARTMENT OF CORRECTION
INMATE GRIEVANCE FORM

Elmwood []
CCW []
WRC []

71949

INMATE'S NAME: EDWARD GUTIERREZ

BOOKING NUMBER: 06083690

HOUSING UNIT: 4B 3 34

DETAILS OF GRIEVANCE. PRINT! BE SPECIFIC! ON 1-10-08 I FILED A GRIEVANCE IN RELATION TO A CIVIL COMPLAINT (CASE# C 07 4251) AND A REQUEST FORM FOR DIFFERENT ISSUE. ON 1-11-08 I WAS GIVEN A RECEIPT FOR THE REQUEST FORM BUT NOT THE GRIEVANCE TO CIVIL CASE # C 07 4251. ON 1-12-08 I SUBMITTED ANOTHER GRIEVANCE FOR CIVIL CASE # C 07 4251 AND ANOTHER GRIEVANCE FOR TOOTHBRUSHES. ON 1-12-08 RECEIVED RECEIPT FOR GRIEVANCE ON TOOTHBRUSHES BUT NOT THE CIVIL CASE - GRIEVANCE. I ASKED C/O'S WHAT SOLUTION ARE YOU RECOMMENDING? PLEASE SEND RECEIPTS FOR GRIEVANCES OF 1-10-08/1-12-08.

Your Signature: E. Gutierrez Date: 1/13/08 Time: 1:30 AM/PM PM
(Do NOT write below this line. Use additional paper)

Received from Inmate on:

Day: _____ Date: ____/____/____ Time: _____ Officer: _____ Team: _____

RESPONDING OFFICER'S STATEMENT (Please print): _____

[] Resolved [] Refer to Level II

Officer's Name: _____ Team: _____ Date: ____/____/____

SUPERVISOR'S ACTION: _____

[] Resolved [] Refer to Level III

Supervisor's Name: _____ Team: _____ Date: ____/____/____

SHIFT LIEUTENANT REVIEW: [] Concur [] Reversed

SIGNATURE: _____ Date: ____/____/____ Time: _____

SUPPORT SERVICE RESPONSE: Unit Assigned: Admin Date Assigned: ____/____/____
Date Due: 01/20/08

Attached are copies of grievances submitted and are awaiting a response.

NOT ALL GRIEVANCES

Response by: Admin Title: 76 Date: 01/14/08 Time: _____

FACILITY COMMANDER/DESIGNEE REVIEW: [] Concur [] Reversed

You must wait for response. (NEED RECEIPT.) E.B.

SIGNATURE: H. Horta X211 Date: 1/17/08 Time: 2300

RESPONSE RETURNED TO INMATE: Date: 01/22/08 Time: _____ By: _____

Distribution: White-Administration Canary-Inmate (Final Disposition) Pink-Inmate (Initial Receipt)

FORM 2680 AND WARC 1116 SEVERAL TIMES FOR RECEIPTS...

Main Jail []
Main Jail South []
North County Jail []

SAN... CLARA COUNTY DEPARTMENT OF CORRECTIONS
INMATE GRIEVANCE FORM

Elmwood []
CCW []
WPC []

72042

INMATE'S NAME: EDWARD GUTIERREZ	BOOKING NUMBER: 06083690	HOUSING UNIT: 4B-3
---------------------------------	--------------------------	--------------------

DETAILS OF GRIEVANCE. PRINT! BE SPECIFIC!: ON 1-10-08 I FILED A GRIEVANCE IN REGARDS TO A CIVIL CASE (#C-07-4251) WHICH I NEED INFORMATION FOR. I ALSO SENT A REQUEST FORM (UNRELATED MATTER) ON 1-11-08 I RECEIVED A RECEIPT FOR THE REQUEST FORM, BUT NOT THE GRIEVANCE FOR A CIVIL CASE. ON 1-12-08 I FILED A GRIEVANCE REQUESTING A RECEIPT FOR THE FIRST GRIEVANCE OF 1-10-08 (ON CIVIL CASE INFO.) AND A GRIEVANCE FOR TOOTHBRUSHES. I RECEIVED A RECEIPT FOR THE GRIEVANCE ON THE TOOTHBRUSHES BUT NOT THE GRIEVANCE TO THE TWO (2) GRIEVANCES ON THE INFO. FOR CIVIL CASE. THIS IS THE THIRD GRIEVANCE ON THIS (CIVIL COMPLAINT) ISSUE. THIS DISREGARD FOR THE GRIEVANCE PROCEDURES IS BEING CONDUCTED BY C/O WARFIELD AND IS CONTINUED BY HARRASSMENT, CONSTANT AND PROGRESSIVE.

WHAT SOLUTION ARE YOU RECOMMENDING?: SEND RECEIPTS FOR GRIEVANCE OF 1-10-08 AND 1-12-08, 1-13-08 GIVEN TO C/O WARFIELD, 2642... ALL AND THIS ONE TO GO TO CHIEF
Your Signature: E. H. [Signature] Date: 1/17/08 Time: 9:00 AM PM
(Do NOT write below this line. Use additional [])

Received from Inmate on:
Day: SAT Date: 1/19/08 Time: 1113 Officer: WARFIELD Team: B

RESPONDING OFFICER'S STATEMENT (Please print): AS STATED IN PREVIOUS GRIEVANCES, I SIGN ALL GRIEVANCES AND SEND THEM THROUGH PROPER CHANNELS. I HAVE GIVEN ALL PINK SLIPS TO GUTIERREZ. I HAVE NO MALICE TOWARD ANY INMATES INCLUDING GUTIERREZ
NOT TRUE - E. H.

☒ Resolved [] Refer to Level II
Officer's Name: WARFIELD #2642 Team: B Date: 1/19/08
SUPERVISOR'S ACTION: _____

[] Resolved [] Refer to Level III

Supervisor's Name: _____ Team: _____ Date: ____/____/____
SHIFT LIEUTENANT REVIEW: [] Concur [] Reversed _____

SIGNATURE: _____ Date: ____/____/____ Time: ____
SUPPORT SERVICE RESPONSE: Unit Assigned: Admin Date Assigned: ____/____/____
Date Due: 01/23/08

Previous grievance # 71949 dated 01/13/08 - you received copies of submitted grievances. (see attached)

Response by: Admin Title: 76 Date: 01/23/08 Time: ____
FACILITY COMMANDER/DESIGNEE REVIEW: [x] Concur [] Reversed _____

SIGNATURE: [Signature] Date: 1/23/08 Time: 1200
RESPONSE RETURNED TO INMATE: Date: 01/23/08 Time: ____ By: ____
Distribution: White-Administration Canary-Inmate (Final Disposition) Pink-Inmate (Initial Receipt)

OF CORRECTIONS, STANDARDS AUTHORITY, INTERNAL AFFAIRS AND U.S. DEPT. OF JUSTICE.

Main Jail ☒
Main Jail South ☐
North County Jail ☐

SAN JUAN CLARA COUNTY DEPARTMENT OF CORRECTIONS
INMATE GRIEVANCE FORM

Elmwood ☐
CCW ☐
WRC ☐

72031

INMATE'S NAME: EDWARD GUTIERREZ

BOOKING NUMBER: 06083690

HOUSING UNIT: 423-39

DETAILS OF GRIEVANCE. PRINT! BE SPECIFIC! I AM EXPERIENCING A VERY CLEAR AND CONTINUOUS PATTERN OF HARRASSMENT BY C/O WARFIELD B-TEAM. THIS HARRASSMENT IS KNOWN BY HIS SENIOR TRAINING OFFICERS THE WELL ESTABLISHED PROCEDURES FOR HARRASSMENT OF PRISONERS WHO FILE GRIEVANCES IS AS FOLLOWS: TO MISPLACE GRIEVANCES. I HAVE SEVERAL GRIEVANCES WHICH HAVE NEVER BEEN ANSWERED, 2. WHEN A PRISONER PURSUES THE ISSUE THE GRIEVANCES WILL BE HELD BACK FOR 1 TO 3 MONTHS OR LONGER. IF A PRISONER CONTINUES HE WILL BE LEFT FOR HOURS AT A TIME IN COURT HOLDING CELLS, INTERVIEW ROOMS, VISITING ROOMS, ETC. C/O'S WILL ATTEMPT TO INTIMIDATE PRISONERS WITH BAD LOOKS AND FOR COMMENTS, IF A PRISONER CONTINUES IN HIS GRIEVANCE HE IS MOVED FROM CELL TO CELL PARTICULARLY IN A CORNER CELL WHERE HE CAN NOT SEE T.V. OR OTHERS, IF A PRISONER CONTINUES HE IS MADE TO FIGHT WITH OTHER PRISONERS. YOU WILL DISCOVER ALL OF THIS IN A THOROUGH INVESTIGATION. WHAT SOLUTION ARE YOU RECOMMENDING? INDEPENDENT AUDITOR OF GRIEVANCE PROCEDURES.

Your Signature: E. Gutierrez Date: 1/17/08 Time: 10:30 AM PM
(DO NOT write below this line. Use additional sheets if necessary)

Received from Inmate on:
Day: SAT Date: 1/19/08 Time: 1114 Officer: WARFIELD Team: B

RESPONDING OFFICER'S STATEMENT (Please print): All grievances that I have received have been signed and put through the proper channels. I have no control over an inmate sitting in a court holding cell. I have never threatened or attempted to intimidate any inmate. I have no malice toward Gutierrez. I have treated him respectfully and professionally at all times.
☒ Resolved ☐ Refer to Level II NOT TRUE

Officer's Name: WARFIELD Team: B Date: 1/19/08

SUPERVISOR'S ACTION: INMATE GUTIERREZ, THE DOC TAKES THE GRIEVANCE PROCESS VERY SERIOUSLY. GRIEVANCES ARE HANDLED IN A TIMELY MANNER. IF YOU HAVE ANY DOUBTS ABOUT YOUR GRIEVANCES GETTING TO ADMINISTRATION, PLEASE HAND THEM TO A SERGEANT DURING BAR AND WINDOW CHECKS. I ASSURE YOU THERE
☒ Resolved ☐ Refer to Level III

Supervisor's Name: SSA RODRIGUEZ #1489 Team: B Date: 01/24/08

SHIFT LIEUTENANT REVIEW: ☒ Concur ☐ Reversed IS NO "WELL ESTABLISHED PROCEDURE"

FOR HANDLING INMATES WHO ENTER INTO THE GRIEVANCE PROCESS. THE DOC HAS NO CONTROL OVER THE COURT HOLDING CELLS BUT INMATES ARE PROCESSED BACK INTO THE JAIL AS

SIGNATURE: Lieutenant M. Conner #209 Date: 1/24/08 Time: 1325

SUPPORT SERVICE RESPONSE: Unit Assigned: _____ Date Assigned: ____/____/____
Date Due: 01/24/08

SOON AS POSSIBLE. THE GRIEVANCE PROCESS IS A FAIR METHOD FOR ISSUES BETWEEN INMATES AND STAFF TO BE RESOLVED PEACEFULLY. WE STRIVE TO INSURE THIS PROCESS DOES NOT BREAK DOWN. PLEASE CONTACT THE SHIFT SUPERVISOR IF YOU BELIEVE IT HAS. THANK YOU VERY MUCH.
Response by: _____ Title: _____ Date: ____/____/____ Time: _____

FACILITY COMMANDER/DESIGNEE REVIEW: ☒ Concur ☐ Reversed

SIGNATURE: Lieutenant M. Conner #209 Date: 1/24/08 Time: 1325

RESPONSE RETURNED TO INMATE: Date: 01/25/08 Time: _____ By: _____
Distribution: White-Administration Canary-Inmate (Final Disposition) Pink-Inmate (Initial Receipt)

C/O WARFIELD HAS INTENTIONALLY VIOLATED MY CELL AND I AM WILLING TO TAKE A LIE DETECTOR TEST ON ALL OF THIS. I WILL COME INTO MY CELL AND I AM WILLING TO TAKE A LIE DETECTOR TEST ON ALL OF THIS.

DETAILS OF GRIEVANCE. PRINT! BE SPECIFIC!: ON 1-17-'08 I WAS MOVED FROM 4B-3-34 TO 4B-3-39 FOR INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS (HARASSMENT FOR GRIEVANCES AND CIVIL COMPLAINTS) UPON ENTERING CELL #39 I DISCOVERED WATER BUTTONS ARE IN DISREPAIR AND LIGHT FIXTURE IS BROKEN. ALSO, THERE ARE A LOT OF NAKED PICTURES OF HOMOSEXUALS ON THE OUTSIDE WINDOW WHICH NEED TO BE REMOVED; ALL OF THIS IS FOR HARASSMENT DUE TO MY WRITING. WHAT SOLUTION ARE YOU RECOMMENDING?:

Your Signature: E. Gutierrez Date: 1/17/08 Time: 8:00 AM/PM
(Do NOT write below this line. Use additional sheets if necessary)

Received from Inmate on: SAT Date: 1/19/08 Time: 1113 Officer: WARFIELD Team: B

RESPONDING OFFICER'S STATEMENT (Please print): YOU WERE MOVED DUE TO GANG SIGNS & SLUR LANGUAGE TO INMATES IN OTHER CELLS/POPS. YOU WERE WARNED TWICE BY MYSELF. CELL # 39 IS A FULLY FUNCTIONAL CELL WITH NO PICTURES ON THE OUTSIDE WINDOW. I HAVE NO MALICE TOWARD GUTIERREZ. "NOT TRUE A C.M."
☒ Resolved ☐ Refer to Level II

Officer's Name: WARFIELD #2642 Team: B Date: 1/19/08

SUPERVISOR'S ACTION: INMATE GUTIERREZ, INMATE MOVES WITHIN THE UNIT MAY BE MADE AT THE OFFICER'S DISCRETION FOR THE SMOOTH OPERATION OF THE UNIT. I CAN ASSURE THE MOVE WAS NOT MADE TO INFLICT EMOTIONAL DISTRESS ON YOU OR ANYONE ELSE IN THE UNIT. ALL CELLS ARE PERIODICALLY
☒ Resolved ☐ Refer to Level III

Supervisor's Name: SST. RODRIGUEZ #1489 Team: B Date: 1/24/08

SHIFT LIEUTENANT REVIEW: ☒ Concur ☐ Reversed CHECKED TO INSURE THAT ALL TOILET AND WATER AND LIGHTING CONTROLS ARE FULLY FUNCTIONING. IF THESE CONTROLS DO NOT WORK PLEASE BRING THESE ISSUES TO THE ATTENTION OF THE PORM OFFICERS. THANK YOU FOR YOUR ASSISTANCE IN THESE MATTERS.
SIGNATURE: Lieutenant M. Conner #209 Date: 1/24/08 Time: 1320

SUPPORT SERVICE RESPONSE: Unit Assigned: _____ Date Assigned: 1/24/08
Date Due: 01/24/08
RETALIATION FOR ATTACHED GRIEVANCES. C.M. B

Response by: _____ Title: _____ Date: _____/_____/____ Time: _____
FACILITY COMMANDER/DESIGNEE REVIEW: ☒ Concur ☐ Reversed

SIGNATURE: Lieutenant M. Conner #209 Date: 1/24/08 Time: 1320
RESPONSE RETURNED TO INMATE: Date: 01/25/08 Time: _____ By: _____
Distribution: White-Administration Canary-Inmate (Final Disposition) Pink-Inmate (Initial Receipt)

ING GRIEVANCES AND A CIVIL COMPLAINT ON WARFIELD, 2642.

TEA BAG STRINGS

☐ MAIN JAIL ☐ MJS ☐ NCJ
180 W. HEDDING STREET
SAN JOSE, CALIFORNIA 95110

SANTA CLARA COUNTY
DEPARTMENT OF CORRECTION
INMATE INFRACTION

☐ ELMWOOD ☐ WDD ☐ WRC
701 S. ABEL STREET
MILPITAS, CALIFORNIA 95035

MAJOR
☐

MINOR
☐

PRISONER'S NAME Gutiérrez EDWARD	BOOKING NUMBER: 06083690	HOUSING UNIT: 4C CREW:
--	------------------------------------	-------------------------------------

OCCURENCE DAY: 1/24/08 DATE: 1/25/08 TIME: 1300 LOCATION: 4B		
RULE VIOLATION: Threatening or Challenging staff	RULE#: 2.2	
RULE VIOLATION: Defacement of Gov property including issued clothing	RULE#: 216	
RULE VIOLATION: Failure to treat officers with respect	RULE#: 2.20	
COPY EXPLANATION OF CHARGES TO PRISONER <input checked="" type="checkbox"/>	NO. PRIORS:	ASSOCIATED IR #
DETAILS: (Include PLEO, Witnesses, Disposition of Evidence, Immediate Action Taken)		SHIFT SUPERVISOR #: TEAM: B

ON 1/24/08 Gutierrez was informed to 'roll it up' he was being re-housed. The previous week upon return from court Gutierrez told his he wanted to fight. He did not care if we pepper sprayed him. He repeatedly stated "Fuck you Warfield" I don't care. I'm facing 190 years. Fuck this place! This was witnessed by Ofc. Renard. After this Gutierrez began writing Grievous Grievances. Today I got another Grievance from Gutierrez. This Grievance was bound together with another photo copy of a Grievance. They were bound together by pieces of elastic removed from Gutierrez's underwear. See Grievance and on video footage of Gutierrez threatening staff.

REPORTING OFFICER: WARFIELD	SIGNATURE: <i>Warfield</i>	BADGE #: 2642
------------------------------------	----------------------------	----------------------

SHIFT SUPERVISOR INTERVIEW	DATE/TIME:	TEAM:
THIS INFRACTION WAS HANDED TO ME WITH RESPONSE AND ATTACHED GRIEVANCE OF 1-21-08 AS RETALIATION FOR THE ATTACHED, AS A WARNING. WAS LATER DROPPED AS FRIVOLOUS.		
<input type="checkbox"/> MAJOR <input type="checkbox"/> MINOR <input type="checkbox"/> INMATE ADVISED THAT ADMISSION OF GUILT MAY RESULT IN DISCIPLINARY ACTION		
DISPOSITION: <input type="checkbox"/> GUILTY <input type="checkbox"/> NOT GUILTY <input type="checkbox"/> DISMISSED BY: SERGEANT:	BADGE #:	

PENALTY: <input type="checkbox"/> LOSS OF VISIT <input type="checkbox"/> LOSS OF COMMISSARY <input type="checkbox"/> REMOVAL FROM TRUSTY STATUS <input type="checkbox"/> DORM RESTRICTION
OTHER:

FACILITY COMMANDER REVIEW	<input type="checkbox"/> CONCUR <input type="checkbox"/> DISMISSED <input type="checkbox"/> OTHER
DATE:	
FINAL COPY (PINK) TO PRISONER: DATE: BY: #:	

- 1. WHITE - CLASSIFICATION
- 2. GREEN - FACILITY CMDR. FILE
- 3. CANARY - SGT'S CLIPBOARD
- 4. PINK - PRISONER COPY - SECOND
- 5. GOLDENROD - FIRST

INMATE'S NAME: EDWARD GUTIERREZ

BOOKING NUMBER: 06083690

HOUSING UNIT: 3C-3-39

DETAILS OF GRIEVANCE. PRINT! BE SPECIFIC!: PLEASE SEE ATTACHED COPY OF GRIEVANCE... (1-21-'08) NOT SATISFIED WITH INFORMAL LEVEL, ALL OF THE ISSUES CAN BE PROVEN. ALSO, % WARFIELD (DID NOT SEND ME A RESPONSE TO GRIEVANCE ABOUT CELL MOVE.) INCIDENTLY ON 1-24-'08 I WAS MOVED TO ANOTHER CELL IN RESPONSE TO THE ATTACHED GRIEVANCE. WARFIELD ALSO DESTROYED PERSONAL PROPERTY AND THREW THINGS
WHAT SOLUTION ARE YOU RECOMMENDING?: REQUEST 2ND LEVEL RESPONSE FOR COURT.

Your Signature: E. Gutierrez Date: 1/25/08 Time: 9:30 AM/PM
(Do NOT write below this line. Use additional sheets if necessary)

Received from Inmate on:
Day: FR Date: 1/25/08 Time: 0936 Officer: WARFIELD Team: B

RESPONDING OFFICER'S STATEMENT (Please print): Sgt. Rodriguez #148 supervised window and bar checks. All inmates are treated professionally at all times. Sgt. Rodriguez also witnessed the pink slips returned to Gutierrez. Gutierrez continues to lie and make false accusations. No cells were "trashed." There is no malice toward Gutierrez.
☒ Resolved ☐ Refer to Level II

Officer's Name: Warfield #2642 Team: B Date: 1/25/08
SUPERVISOR'S ACTION: Concur

☒ Resolved ☐ Refer to Level III

Supervisor's Name: Sgt. Molina 321 Team: B Date: 1/30/08
SHIFT LIEUTENANT REVIEW: ☐ Concur ☐ Reversed I personally had you

MOVED to 4C from 4B. OFFICER WARFIELD IS ASSIGNED TO 4B
Your CONTACT w/ him should be minimal.

SIGNATURE: LT. CONNELL #207 Date: 1/30/08 Time: 0756

SUPPORT SERVICE RESPONSE: Unit Assigned: _____ Date Assigned: 1/1
Date Due: 02/01/08

SECOND MOVE.

Response by: _____ Title: _____ Date: _____/_____/____ Time: _____
FACILITY COMMANDER/DESIGNEE REVIEW: ☒ Concur ☐ Reversed

SIGNATURE: LT. CONNELL #207 Date: 1/30/08 Time: 0756

RESPONSE RETURNED TO INMATE: Date: 01/30/08 Time: _____ By: 2
Distribution: White-Administration Canary-Inmate (Final Disposition) Pink-Inmate (Initial Receipt)

TOLD INMATES THAT THEIR CELL GOT TRASHED BECAUSE OF MY GRIEVANCE.

Main Jail []
Main Jail South []
North County Jail []

SA CLARA COUNTY DEPARTMENT OF CORRECTION
INMATE GRIEVANCE FORM

Elmwood []
CCW []
WRC []

INMATE'S NAME: <u>EDWARD GUTIERREZ</u>	BOOKING NUMBER: <u>06083690</u>	HOUSING UNIT: <u>4B-3-39</u>
--	---------------------------------	------------------------------

DETAILS OF GRIEVANCE. PRINT! BE SPECIFIC! I AM EXPERIENCING AN ON GOING PROVOCATION BY C/O WARFIELD BDC #2642 BY WAY OF EXTREME DISRESPECT... THIS HAS BEEN GOING ON FOR APPROXIMATELY 8 TO 10 MONTHS. THIS HARASSMENT HAS CONTINUED DESPITE MY PLEADINGS FOR RESPECT, AND POINT OUT THAT I GO OUT OF MY WAY TO SHOW WARFIELD AND MORA RESPECT BUT THEY KEEP DISRESPECTING ME FOR NO REASON WHATSOEVER. THIS HARASSMENT IS AS FOLLOWS: C/O WARFIELD HAS THROWN MY DINNER ON THE FLOOR, HAS TAKEN MY FOOD FOR OTHER INMATES, HE HAS CUT MY HOUR PROGRAM SHORT (SEVERAL TIMES) AND ATTEMPTED TO SEND IN OFFICERS TO MACE (PEPPER SPRAY) ME AND I DON'T EVEN KNOW WHAT IS GOING ON AT THE TIME, C/O WARFIELD IGNORES ME WHEN I ASK FOR SOAP, LEGAL REQUEST FORMS, GRIEVANCE, ETC. C/O WARFIELD SHUTS OFF CONTROL PANEL AND GOES TO SLEEP REFUSING TO PASS OUT LEGAL MATERIAL FROM LAW LIBRARY. ON 1-16-08 THE A.M. NURSE GAVE C/O WARFIELD MY MEDICATION (FOR COURT) WHAT SOLUTION ARE YOU RECOMMENDING?: SEE PAGE 3.

Your Signature: [Signature] Date: 1/21/08 Time: 8:00 PM
(Do NOT write below this line. Use additional sheets if necessary)

Received from Inmate on:
Day: _____ Date: ____/____/____ Time: _____ Officer: _____ Team: _____

RESPONDING OFFICER'S STATEMENT (Please print): _____

[] Resolved [] Refer to Level II

Officer's Name: _____ Team: _____ Date: ____/____/____
SUPERVISOR'S ACTION: _____

[] Resolved [] Refer to Level III

Supervisor's Name: _____ Team: _____ Date: ____/____/____
SHIFT LIEUTENANT REVIEW: [] Concur [] Reversed _____

SIGNATURE: _____ Date: ____/____/____ Time: _____
SUPPORT SERVICE RESPONSE: Unit Assigned: _____ Date Assigned: ____/____/____
Date Due: ____/____/____

Response by: _____ Title: _____ Date: ____/____/____ Time: _____
FACILITY COMMANDER/DESIGNEE REVIEW: [] Concur [] Reversed _____

SIGNATURE: _____ Date: ____/____/____ Time: _____
RESPONSE RETURNED TO INMATE: Date: ____/____/____ Time: _____ By: _____
Distribution: White-Administration Canary-Inmate (Final Disposition) Pink-Inmate (Initial Receipt)

Main Jail []
Main Jail South []
North County Jail []

SANTA CLARA COUNTY DEPARTMENT OF CORRECTION
INMATE GRIEVANCE FORM

Elmwood []
CCW []
WRC []

INMATE'S NAME: <u>EDWARD GUTIERREZ</u>	BOOKING NUMBER: <u>06083690</u>	HOUSING UNIT: <u>4B-3-39</u>
--	---------------------------------	------------------------------

DETAILS OF GRIEVANCE. PRINT! BE SPECIFIC! % WARFIELD THREW IT AWAY. HE HAS THREATENED TO TEAR UP MY CELL, I. E. DESTROY PERSONAL AND LEGAL MATERIAL; DESPITE MY PROPER STATUS. HE HAS THREATENED TO PUT ME IN BAD STANDING WITH OTHER INMATES (TO FIGHT). ON 1-17-08 HE MOVED ME FROM ONE CELL TO ANOTHER FOR NO REASON; OTHER THAN HARASSMENT. ON 1-18-08 HE REFUSED TO ALLOW ME ACCESS TO THE PROPER PHONE WHILE SITTING AROUND ALL DAY FOR HOURS, (SEVERAL WITNESSED THIS). HE ALSO DESTROYED THE GRIEVANCE WHICH I USED TO REQUEST PROPER PHONE CALL. WHEN I AM ASLEEP HE SHINES HIS FLASH-LIGHT IN MY FACE, DOWN BY BODY AND UP TO MY FACE AGAIN. I AM AWARE OF THE TRAINING %O'S GET ON ASSERTIVE AND PSYCHOLOGICAL CONTROL OF: LARGE GROUPS, VIOLENT OR MENTALLY ILL INMATES. I KNOW THAT %O WARFIELD'S BEHAVIOR IS NOT INDICATIVE OF ASSERTIVE CONTROL OR ANY OTHER TRAINING; OTHER THAN

WHAT SOLUTION ARE YOU RECOMMENDING?: SEE PAGE THREE.

Your Signature: E. Gutierrez Date: 1/21/08 Time: 8:00 AM PM
(Do NOT write below this line. Use additional sheets if necessary)

Received from Inmate on:
Day: _____ Date: ____/____/____ Time: _____ Officer: _____ Team: _____

RESPONDING OFFICER'S STATEMENT (Please print): _____

[] Resolved [] Refer to Level II

Officer's Name: _____ Team: _____ Date: ____/____/____

SUPERVISOR'S ACTION: _____

[] Resolved [] Refer to Level III

Supervisor's Name: _____ Team: _____ Date: ____/____/____

SHIFT LIEUTENANT REVIEW: [] Concur [] Reversed _____

SIGNATURE: _____ Date: ____/____/____ Time: _____

SUPPORT SERVICE RESPONSE: Unit Assigned: _____ Date Assigned: ____/____/____
Date Due: ____/____/____

Response by: _____ Title: _____ Date: ____/____/____ Time: _____

FACILITY COMMANDER/DESIGNEE REVIEW: [] Concur [] Reversed _____

SIGNATURE: _____ Date: ____/____/____ Time: _____

RESPONSE RETURNED TO INMATE: Date: ____/____/____ Time: _____ By: _____
Distribution: White-Administration Canary-Inmate (Final Disposition) Pink-Inmate (Initial Receipt)

Main Jail []
Main Jail South []
North County Jail []

S. A CLARA COUNTY DEPARTMENT OF CORRECTION
INMATE GRIEVANCE FORM

Elmwood []
CCW []
WRC []

INMATE'S NAME: **EDWARD GUTIERREZ**

BOOKING NUMBER: **06083690**

HOUSING UNIT: **4B-3-39**

DETAILS OF GRIEVANCE. PRINT! BE SPECIFIC! "HATE CRIME" MENTALITY INSTIGATED BY HIS SENIOR TRAINING OFFICER. I HAVE WITNESSED % WARFIELD ASSAULT POOR MEXICAN AND MENTALLY ILL INMATES... HIS NEXT MOVE WILL BE TO DO THE SAME TO ME. SUCH A MISTAKE WILL NOT BE TOLERATED... HAVE HIM PRACTICE HIS AMERICAN MARTIAL ARTS ON SOMEONE ELSE. I AM IN THIS JAIL TO FIGHT A CASE NOT TO BE PUNISHED.

WHAT SOLUTION ARE YOU RECOMMENDING?: PLEASE ADVISE THIS OFFICER TO CEASE AND DESIST THIS INTENTIONAL INFLECTION OF EMOTIONAL AND MENTAL DISTRESS

Your Signature: E. Gutierrez Date: 1/21/08 Time: 8:00 AM PM
(Do NOT write below this line. Use additional sheets if necessary)

Received from Inmate on: THURS Date: 1/24/08 Time: 1143 Officer: BY WARFIELD Team: B

RESPONDING OFFICER'S STATEMENT (Please print): THIS ENTIRE GRIEVANCE IS FICTION EXCEPT ABOUT HIS CELL MOVE WHICH WAS ADDRESSED IN A PREVIOUS GRIEVANCE
NOT TRUE

☒ Resolved [] Refer to Level II

Officer's Name: RESPONSE BY WARFIELD Team: B Date: 1/24/08

SUPERVISOR'S ACTION:

HANDED ME AN INFRACTION WITH THIS RESPONSE
THE ABOVE WAS C/O WARFIELD'S RESPONSE.

[] Resolved [] Refer to Level III

Supervisor's Name: _____ Team: _____ Date: ____/____/____

SHIFT LIEUTENANT REVIEW: [] Concur [] Reversed I SENT THIS GRIEVANCE TO GET COPIED (WITH HIS RESPONSE) AND IT WAS NEVER RETURNED.

SIGNATURE: _____ Date: ____/____/____ Time: ____

SUPPORT SERVICE RESPONSE: Unit Assigned: _____ Date Assigned: ____/____/____
Date Due: ____/____/____

Response by: _____ Title: _____ Date: ____/____/____ Time: ____

FACILITY COMMANDER/DESIGNEE REVIEW: [] Concur [] Reversed

SIGNATURE: _____ Date: ____/____/____ Time: ____

RESPONSE RETURNED TO INMATE: Date: ____/____/____ Time: ____ By: _____
Distribution: White-Administration Canary-Inmate (Final Disposition) Pink-Inmate (Initial Receipt)

INMATE REQUEST FORM

39

4C

INMATE NAME: E. GUTIERREZDATE 1-25-08CEN: 06083690PFN: 869774HOUSING UNIT: 4C 3 39

1. CONTACT REQUEST: OUTSIDE AGENCY

☐DISTRICT
ATTORNEY☐PUBLIC
DEFENDER☐ADULT
PROBATION☐STATE
PAROLE☐OTHER
SPECIFY: _____

NATURE OF REQUEST

RETALIATION BY %O WARFIELD-E.M.

2. CONTACT/INFORMATION: INSIDE FACILITY

CLASSIFICATION
SECTIONINMATE SERVICE
DIRECTORPROGRAMS
DIRECTORADMINISTRATIVE
BOOKING

OTHER

☐

REHOUSING

☐

COMMISSARY

☒LAW
LIBRARY☐RELEASE
DATE☐

CHAPLAIN

☐

TRUSTEE

☐

MONEY ACCOUNT

☐

A.A.

☐

CHARGES

☐

FOOD SERVICE

☐

RECLASS.

☐

MAIL

☐FRIENDS
OUTSIDE☐

BAIL

☐

BAIL BONDS

☐

WWP

☐

LOST PROPERTY

☐OTHER:
SPECIFY
BELOW☐NEXT COURT
DATE☐OTHER:
SPECIFY BELOW☐

PSP

☐

LOST CLOTHING

NATURE OF REQUEST:

ON 1-24-08 MY CARDBOARD BRIEFCASEWAS RIPPED DURING A SEARCH; CAN I HAVE IT REPLACED?

3. ACTION TAKEN/RESPONSE

☒RESPONSE
BELOW☒REQUEST FORWARDED
OUTSIDE FACILITY☒REQUEST DENIED
SEE EXPLANATION☐CANNOT BE ACTED
ON AT THIS TIME.☐

PREVIOUS REQUEST IN PROGRESS

EXPLANATION/RESPONSE:

The DOC does not provide
Supplies (briefcases) to Federal Proper
inmates.OFFICER
SIGNATURE: SPK/InmateBADGE # 2544DATE 1-25-08TIME 1935

INMATE REQUEST FOR

1-24-08

INMATE NAME: EDWARD GUTIERREZ DATE 1-28-'08
CEN: 06083690 PFN: BGJ774 HOUSING UNIT: 4C-3-39

1. CONTACT REQUEST: OUTSIDE AGENCY

☐ DISTRICT ATTORNEY ☐ PUBLIC DEFENDER ☐ ADULT PROBATION ☐ STATE PAROLE ☐ OTHER SPECIFY: _____

NATURE OF REQUEST: RETALIATION FOR GRIEVANCES. E.H.

2. CONTACT/INFORMATION: INSIDE FACILITY

CLASSIFICATION SECTION	INMATE SERVICE DIRECTOR	PROGRAMS DIRECTOR	ADMINISTRATIVE BOOKING	OTHER
<input type="checkbox"/> REHOUSING	<input type="checkbox"/> COMMISSARY	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> RELEASE DATE	<input type="checkbox"/> CHAPLAIN
<input type="checkbox"/> TRUSTEE	<input type="checkbox"/> MONEY ACCOUNT	<input type="checkbox"/> A.A.	<input type="checkbox"/> CHARGES	<input type="checkbox"/> FOOD SERVICE
<input type="checkbox"/> RECLASS.	<input type="checkbox"/> MAIL	<input type="checkbox"/> FRIENDS OUTSIDE	<input type="checkbox"/> BAIL	<input type="checkbox"/> BAIL BONDS
<input type="checkbox"/> WWP	<input type="checkbox"/> LOST PROPERTY	<input type="checkbox"/> OTHER: SPECIFY BELOW	<input type="checkbox"/> NEXT COURT DATE	<input checked="" type="checkbox"/> OTHER: SPECIFY BELOW
<input type="checkbox"/> PSP	<input type="checkbox"/> LOST CLOTHING			

NATURE OF REQUEST: I AM UNABLE TO SHAVE FOR TRIAL; THE MIRROR IN 4C-3-39 IS COMPLETELY OBSCURE. CAN YOU PLEASE PUT IN A "WORK-ORDER" TO HAVE IT REPLACED.

3. ACTION TAKEN/RESPONSE

☒ RESPONSE BELOW ☐ REQUEST FORWARDED OUTSIDE FACILITY ☐ REQUEST DENIED SEE EXPLANATION ☐ CANNOT BE ACTED ON AT THIS TIME.

☐ PREVIOUS REQUEST IN PROGRESS

EXPLANATION/RESPONSE: FORWARD TO OPERATIONS

OFFICER
SIGNATURE: _____

BADGE # 2622 DATE 1/28/08 TIME 12p.

INMATE REQUEST FOR.

INMATE NAME: E. GUTIERREZ DATE 1-30-08
 CEN: 06083690 PFN: BGJ774 HOUSING UNIT: 4C-3-39

1. CONTACT REQUEST: OUTSIDE AGENCY

☐ DISTRICT ATTORNEY ☐ PUBLIC DEFENDER ☐ ADULT PROBATION ☐ STATE PAROLE ☐ OTHER SPECIFY: _____

NATURE OF REQUEST: _____

2. CONTACT/INFORMATION: INSIDE FACILITY

CLASSIFICATION SECTION	INMATE SERVICE DIRECTOR	PROGRAMS DIRECTOR	ADMINISTRATIVE BOOKING	OTHER
<input type="checkbox"/> REHOUSING	<input type="checkbox"/> COMMISSARY	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> RELEASE DATE	<input type="checkbox"/> CHAPLAIN
<input type="checkbox"/> TRUSTEE	<input type="checkbox"/> MONEY ACCOUNT	<input type="checkbox"/> A.A.	<input type="checkbox"/> CHARGES	<input type="checkbox"/> FOOD SERVICE
<input type="checkbox"/> RECLASS.	<input type="checkbox"/> MAIL	<input type="checkbox"/> FRIENDS OUTSIDE	<input type="checkbox"/> BAIL	<input type="checkbox"/> BAIL BONDS
<input type="checkbox"/> WWP	<input type="checkbox"/> LOST PROPERTY	<input type="checkbox"/> OTHER: SPECIFY BELOW	<input type="checkbox"/> NEXT COURT DATE	<input type="checkbox"/> OTHER: SPECIFY BELOW
<input type="checkbox"/> PSP	<input type="checkbox"/> LOST CLOTHING			

NATURE OF REQUEST: BOTTOM VENT NOT WORKING

VERY HUMID IN HERE.

3. ACTION TAKEN/RESPONSE

☒ RESPONSE BELOW ☐ REQUEST FORWARDED OUTSIDE FACILITY ☐ REQUEST DENIED SEE EXPLANATION ☐ CANNOT BE ACTED ON AT THIS TIME.

☐ PREVIOUS REQUEST IN PROGRESS

EXPLANATION/RESPONSE: Forwarded to operations has been

NOTIFIED

OFFICER SIGNATURE: [Signature]

BADGE # 2646 DATE 01/30/08 TIME 1710

Main Jail []
Main Jail South []
North County Jail []

SAN JUAN CLARA COUNTY DEPARTMENT OF CORRECTION

INMATE GRIEVANCE FORM

Elmwood []
CCW []
WRC []

72028

4239

INMATE'S NAME: EDWARD GUTIERREZ

BOOKING NUMBER: 06083690

HOUSING UNIT:

DETAILS OF GRIEVANCE. PRINT! BE SPECIFIC!: ON 1-16-08 I WAS ESCORTED BACK FROM COURT. FEMALE C/O AT 4TH FLOOR CONTROL ASKED C/O WARFIELD TO TAKE ME BACK TO MY CELL C/O WARFIELD REFUSED. C/O AT CONTROL PLEADED WITH C/O WARFIELD TO TAKE ME BACK, AS SHE HAD SIX MORE COMING BACK FROM COURT. C/O WARFIELD REFUSED, STOOD AROUND TALKING TO HIS PARTNER THEN PASSED BY MY HOLDING CELL SIX TIMES TO MAKE SURE I WAS AWARE OF HIS PRESENCE. WHAT SOLUTION ARE YOU RECOMMENDING?: PLEASE ADVISE C/O WARFIELD OF THE INMATE RULE BOOK PAGE 3 FIRST RIGHT, AND FUTURE HARASSMENT.

Your Signature: E. Gutierrez Date: 1/17/08 Time: 8:00 AM PM

(Do NOT write below this line. Use additional sheets if necessary)

Received from Inmate on:

Day: SATURDAY Date: 1/19/08 Time: 1113 Officer: WARFIELD Team: B

RESPONDING OFFICER'S STATEMENT (Please print): This is a NON GRIEVABLE ISSUE, Inmates returning from anywhere must be cleared by the room officer. Due to setting up for Chow Gutierrez was made to wait while another "out alone" inmate was performing a "water run." I finished feeding and immediately returned Gutierrez to his cell.

Resolved [] Refer to Level II

Officer's Name: WARFIELD 2642 Team: B Date: 1/19/08

SUPERVISOR'S ACTION: Inmate Gutierrez, it may seem that officers are taking matters personally BUT I assure they are NOT. OFFICER WARFIELD AND OTHER OFFICERS HAVE MANY TASKS THAT THEY NEED TO PERFORM IN ORDER, THAT YOU MAY NOT BE AWARE OF.

Resolved [] Refer to Level III IT MAY SEEM THAT YOU ARE BEING IGNORED BUT

Supervisor's Name: SGT. RODRIGUEZ #1489 Team: B Date: 01/24/08

SHIFT LIEUTENANT REVIEW: [X] Concur [] Reversed IN REALITY, YOUR TURN HAS NOT

COME UP YET OR OTHER TASKS NEED TO BE FINISHED BEFORE OFFICERS CAN GET TO YOU. AFTER A LONG DAY IN COURT IT MAY SEEM LIKE THE OFFICERS ARE IGNORING YOU BUT THEY

SIGNATURE: Lieutenant M. Conner #209 Date: 1/24/08 Time: 1324

SUPPORT SERVICE RESPONSE: Unit Assigned:

Date Assigned: 1/24/08Date Due: 01/24/08

WISH TO HAVE YOU HOUSED AS SOON AS POSSIBLE TOO. THANK YOU FOR YOUR PATIENCE AND UNDERSTANDING IN THESE MATTERS.

Response by: _____ Title: _____ Date: _____/_____/____ Time: _____

FACILITY COMMANDER/DESIGNEE REVIEW: [X] Concur [] Reversed

INTENTIONAL HARASSMENT — E.H.

SIGNATURE: Lieutenant M. Conner #209 Date: 1/24/08 Time: 1324RESPONSE RETURNED TO INMATE: Date: 01/25/08 Time: _____ By: _____

Distribution: White-Administration Canary-Inmate (Final Disposition) Pink-Inmate (Initial Receipt)

THIS IS NO DOUBT RETALIATION/HARASSMENT FOR FORMER GRIEVANCES ON HIS

Main Jail []
Main Jail South []
North County Jail []

CIVIL COMPLAINT CASE # C 07 4251
SANTA CLARA COUNTY DEPARTMENT OF CORRECTIONS

INMATE GRIEVANCE FORM

72049

Elmwood []
CCW []
WRC []

INMATE'S NAME: EDWARD GUTIERREZ

BOOKING NUMBER: 06083690

HOUSING UNIT: 7B-3-39

DETAILS OF GRIEVANCE. PRINT! BE SPECIFIC!: ON 1-22-08 I WENT TO 9:30 A.M. PILL CALL. NURSE PAULA ADVISED ME THAT THERE WAS NO ORDER FOR BUPROPION. SHE ALSO STATED THAT THERE IS NO RECORD OF DISCONTINUED MEDICATION. I HAVE BEEN TAKING BUPROPION FOR SIX TO EIGHT MONTHS. NURSE PAULA KNOWS A LOT ABOUT THE MEDICAL DEPARTMENT IF SHE SAYS THERE'S NO RECORD THEN THERE WHAT SOLUTION ARE YOU RECOMMENDING? PLEASE RETURN PINK COPY FOR COURT RECORDS.

Your Signature: [Signature] Date: 1/22/08 Time: 1:30 AM/PM
(Do NOT write below this line. Use additional sheets if necessary)

Received from Inmate on:
Day: THUR Date: 01/22/08 Time: 1540 Officer: JOHNSON #1597 Team: A

RESPONDING OFFICER'S STATEMENT (Please print): CANNOT RESOLVE AT THIS LEVEL.
REFER TO MEDICAL.

[] Resolved [X] Refer to Level II

Officer's Name: _____ Team: _____ Date: ____/____/____
SUPERVISOR'S ACTION: _____

[] Resolved [] Refer to Level III

Supervisor's Name: _____ Team: _____ Date: ____/____/____
SHIFT LIEUTENANT REVIEW: [] Concur [] Reversed

SIGNATURE: _____ Date: ____/____/____ Time: ____:____:____
SUPPORT SERVICE RESPONSE: Unit Assigned: Medical Date Assigned: ____/____/____
Date Due: 01/29/08

The previous order was completed & the Dr. removed the order on 1-25-08. Photo of the nurse & Dr. sign for the medication. The request was on dr. check
Response by: [Signature] Title: Supv Date: ____/____/____ Time: ____:____:____

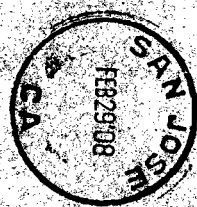
FACILITY COMMANDER/DESIGNEE REVIEW: [X] Concur [] Reversed

SIGNATURE: [Signature] Date: 1/31/08 Time: 2300
RESPONSE RETURNED TO INMATE: Date: 02/01/08 Time: ____:____:____ By: [Signature]
Distribution: White-Administration Canary-Inmate (Final Disposition) Pink-Inmate (Initial Receipt)

Edward Gutierrez
BGJ774 06083690
85 North San Pedro
San Jose, CA 95110

SE No. C07-4251 MMC (PR)

Office of the Clerk
US District Court
450 Golden Gate Ave.
San Francisco, CA 94102
Attn: Honorable Maxine Chesney



U.S. POSTAGE
01.31:
H.METER 713178